

*Warm Springs  
Addictions Treatment  
and Change Program  
(WATCH)*



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# **WARM SPRINGS ADDICTIONS AND CHANGE PROGRAM W A T C H FELONY DUI PROGRAM**

## **BACKGROUND**

Montana sentencing statute (61-8-731), M.C.A. was revised in the 2001 Legislature allowing the Department of Corrections (DOC) to place forth and subsequent DUI offenders in a treatment facility rather than prison. The sentence is for 13 months. However, if the offender successfully completes the program, the remainder of the sentence may be served on probation. If the offender does not participate in the program, or if it is determined the offender is inappropriate for treatment in the Modified Therapeutic Community, the offender will be placed at a State Prison for 13 months. The treatment program gives the Department a critical tool for controlling population levels. If the offender fails to successfully complete the program, the offender will be sent to a State Prison for the remainder of their sentence.

The contract between the DOC and Community Counseling and Correctional Services, Inc. requires that a "Screening Committee" determines acceptance into the WATCH Program. The screening Committee is composed of two representatives from the WATCH Program, two representatives from the Department of Corrections, one representative from Anaconda/Deer lodge County Law Enforcement and one representative from the Montana State Hospital. Generally, all offenders convicted of a fourth or subsequent DUI are accepted. However, several exclusions may apply as a history of violence, medical or mental health conditions impacting the offender's ability to participate in the program.

## **MISSION**

The WATCH Program is a six-month, intensive cognitive/behavioral based addictions treatment community designed to assist offenders in the development of the skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns, and the negative effects of chemical addictions while integrating more fully into society.

## **PURPOSE**

Effective treatment for fourth and subsequent DUI offenders can be part of the solution in reducing the incidence of DUI arrests.

Research indicates that the most promising approach to substance abuse treatment is cognitive/behavioral-based programs utilizing the Modified Therapeutic Community Model. The program believes that treatment strategies for achieving increased self-regulation for chemical abuse and criminal conduct must be made to fit the offender's level of awareness, cognitive development and determination to change disruptive patterns of thought and behavior.

At the WATCH Program, staff uses the appropriate strategies at the particular stages of each offender's process of change.

It is believed that self-improvement and change involves first and foremost developing the motivation to change.

Once the therapeutic alliance is forged, self-regulating skills may then be learned through motivational counseling, therapeutic confrontation and reinforcement of life enhancing behavior. Effective treatment must integrate the principles of both therapeutic and correctional treatment models.

## **PROGRAM OVERVIEW**

The WATCH Program successfully discharged 209 treatment complete offenders during 2006. To date, the WATCH Program has successfully completed a total of 1048 offenders.

The WATCH Program is unique in its intensity and duration in that programming is provided 8.5 hours per day. The Therapeutic Community model ensures that offenders are held accountable all waking hours.

The WATCH Program utilizes the Modified Therapeutic Community Model that is cognitive/behavioral based. It has both the Wanberg and Milkman's curriculum, "Criminal Conduct and Substance Abuse Treatment: Strategies for Self-improvement and Change" and Cognitive Principles and Restructuring as its foundation.

There is also a strong emphasis on Criminal Thinking Errors, twelve-step programming, relapse prevention and skill building.

The program is six months in duration followed by mandatory aftercare in the community. The WATCH Program is divided into four phases as follows:

- \*Phase I -Orientation preparation of  
Therapeutic Community

- \*Phase II- Modified Therapeutic Community Treatment

- \*Phase III-Relapse Prevention and Discharge Planning

1. Harry K. Wexler, PhD, "The Success of Therapeutic Communities for Substance Abusers in American Prisons."

The Therapeutic Community model simulates a health family and uses community as a treatment method. Roles for each family member and rules are well defined and are to be followed by program participants.

## **PROGRAM COMPONENTS**

### **1) SCREENING AND ASSESSMENT-ORIENTATION**

Within the first week of the offender's placement, a comprehensive assessment is completed to determine the following: Medical Status, Mental Health status, level of risk and risk factors for

recidivism, level of substance abuse, and other items necessary to the development of a comprehensive individualized treatment plan.

The Life Skills inventory-Level of Service Inventory-Revised (LSI-R) that contains both static and dynamic factors relating to recidivism is administered at intake and discharge. This tool demonstrates indicators of pro-social change.

## **2) MODIFIED THERAPEUTIC COMMUNITY MODEL**

As compared to the traditional Therapeutic Community Model, this model is more staff intensive and structured. The program has implemented a model that consists of the following.

- \*Three living areas designated as separate families.
- \*Community meetings held twice daily.
- \*Family structure and roles.
- \*Programming conducted, and integrated within each family unit.
- \*Each family unit has two chemical dependency counselors, one case manager and a counselor technician.
- \*Therapeutic Tasks.
- \*Responsibility and Discipline.
- \*Rules and Regulations.

## **3) CHEMICAL DEPENDANCY PROGRAMMING**

\*\*Wanberg and Milkman's curriculum, "Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change" has been implemented.

This curriculum is cognitive/behavioral based. As the curriculum provides for three distinct phases, it is ideally suited for the WATCH Program.

- \*Phase I-Challenge to Change or the reflective-contemplative phase.
- \*Phase II-Challenge to Change is an action phase that involves the Offenders in an active demonstration of implementing and practicing change.
- \*Phase III-Ownership of Change phase is a stabilization and maintenance phase. The concepts of relapse and recidivism prevention are reviewed.
- \*Twelve-step programming focusing on completion of the 12 steps of Alcoholics Anonymous.
- \*Involvement in AA and NA meetings to encourage participation in these support groups after discharge.

## **4) COGNITIVE PRINCIPLES AND RESTRUCTING**

The curriculum is cognitive based and divided into two phases: The **initial** phase (4 weeks) and the **intermediate** phase (16 weeks). The focus is on criminal thinking reports and identifying each offender's criminal cycle, then developing an action plan to change the behavior.

## **5) CRIMINAL THINKING ERRORS**

As a structured program of lectures and specific group work exercises that explore the underlying reasons for negative and antisocial thinking and offer remedial methods to redirect thinking and actions to achieve a change to pro-social behavior.

## **6) FAMILY RELATIONSHIPS/PARENTING PROGRAMMING**

All Offenders are screened and assessed for participation in our Family Relationships/Parenting group. This program consists of 12 weekly sessions, lasting approximately one (1) hour and is open-ended. Offenders begin at any point and progress at their own pace. The program consists of group work, reading assignments, reflections and written work which look to educate Offenders on family patterns and positive tools that they can employ when parenting their own children.

## **7) ANGER MANAGEMENT**

All Offenders are screened and assessed for participation in Anger Management. This group is held weekly for approximately one (1) hour and consists of five lessons aimed at dealing with the underlying issues, which cause anger, and positive, pro-social interventions to appropriately deal with angry thoughts and feelings. This is a "closed program" and therefore one group will begin and end together, which helps to enhance trust and sharing of sensitive issues.

## **8) LIFE SKILL DEVELOPMENT**

All Offenders at the WATCH Program participate in Life Skill development classes. These classes, which are conducted by the Community and Employment Specialist, and Intensive Community Case Manager/After Care Coordinator, cover the following topics: interpersonal skills, financial management, food management, personal appearance, health, employment seeking, employment maintenance, legal skills, emergency and safety skills, community resources, and housekeeping.

## **9) VICTIM ISSUES/RESTORATIVE JUSTICE**

A cognitive behavioral approach to assist offenders in understanding the serious consequences of their actions, appreciate the pain and trauma they have caused their victims and build empathy for their victims.

## **10) SPECIALITY GROUPS**

### **Grief Groups:**

WATCH utilizes a program written by one of its counselors, Beverly Welo, entitled: **Life Beyond Loss: A Workbook for Incarcerated Men.** This group addresses the grief and loss issues that many of our Offenders face. Individuals are referred by their primary treatment team and the group typically lasts two (2) months. Ms. Welo has also recently published a workbook

entitled: **Picking Up The Pieces**, which addresses grief and loss issues for women, and was developed, out of her work with women at the WATCH Program.

### **Men's Issues:**

This group focuses on addressing the unique needs and issues which face men. The Men's group utilizes the **Men's Work Workbooks**, by Paul Kivel. This series incorporates three workbooks titled: Anger, Power, Violence and Drugs", "Becoming Whole", and "Growing Up Male". Both groups consist of group work, reading assignments and journaling.

## **11) OTHER PROGRAM COMPONENTS**

- \*UA testing
- \*System of Incentives and Sanctions
- \* Recreational Programming
- \*Art Therapy

## **PROGRAM EVALUATION**

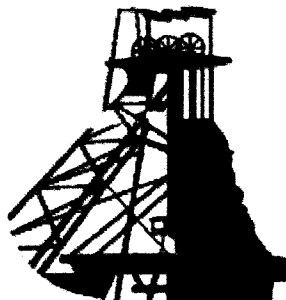
Evaluation efforts commence on day one of the offender's placement. Initially, the evaluation efforts focus on the Structure and Process of the program itself. Phase progression and completion of modules and assignments is tracked throughout the offender's treatment experience.

Outcome measures are tracked on an on-going basis following the offender's discharge as follows:

- \*Arrest data
- \*Technical violations
- \*Revocations
- \*Convictions
- \*Degree of Compliance with the Aftercare/Discharge Plan
- \*Payment of Fines
- \*Continuity of Care
- \*Sobriety or use information
- \*AA attendance
- \*Employment

Offenders successfully completing the program will be tracked for five years while on P&P. Two methods of tracking will be used:

1. Utilizing the Adult Corrections Information System. (ACIS)PRO-Files for convictions and technical violations on a monthly basis.
2. Collection of the above measures from the supervising Probation and Parole Officer on a Semi-Annual basis.

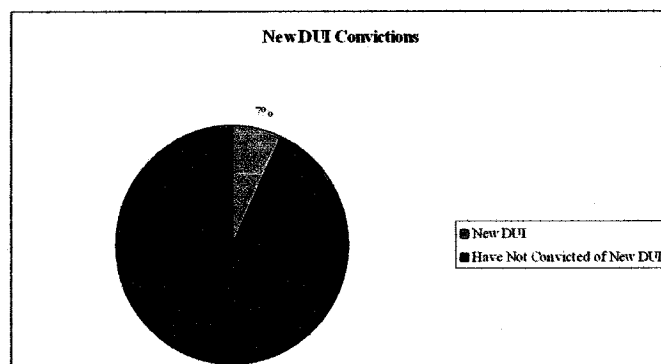


## WATCH PROGRAM STATISTICS

*The following is a compilation of statistics for the WATCH West Program – it does not include information for the WATCH East Program which is located in Glendive, Montana and opened in February 2005. These numbers were generated from information gathered from all Family Members who have entered into the program since February 1, 2002 through December 31, 2006.*

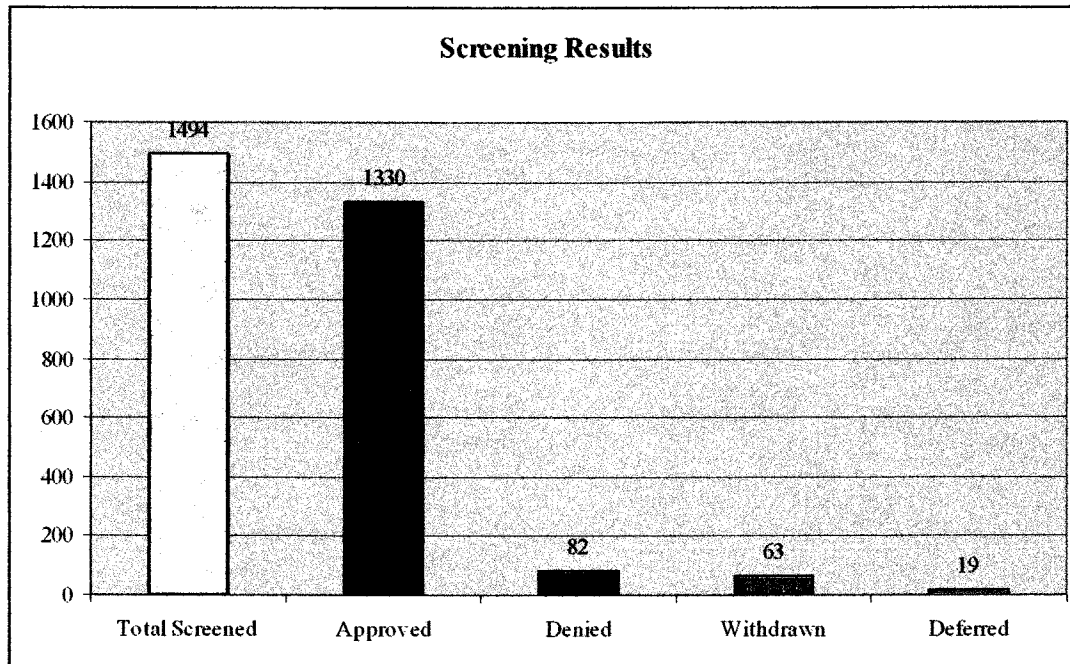
### AVERAGES

- Age at admission: **42.82**
- BAC at time of arrest: **.208**
- Number of DUI'S: **5.69**
- Number of misdemeanors: **18.04**
- Number of felonies (includes current charge(s)): **2.44**
- Number of prior outpatient treatments (before WATCH): **.84**
- Number of prior inpatient treatments (before WATCH): **1.28**
- Age of first use: **13.67**
- Level of education: **11.77**
- Number of dependents: **1.4**
- Length of stay for treatment complete: **183 days**
- Average LSI Score upon admission: **24.98**
- Average LSI Score upon discharge: **21.20**
- Individuals with Psychiatric conditions: **25.56%**
- Primary Drug of Choice: **Alcohol**
- Secondary Drug of Choice: **Marijuana**
- Tertiary Drug of Choice: **Methamphetamine**
- New DUI convictions – **79 (7%)** (from February 1, 2002 to September 30, 2006)



## **SCREENING and WAITING LIST**

- Waiting List: 20
- Total number screened: 1494 (from February 1, 2002 to December 31, 2006)  
Males screened: 1365 (91.37%) Females screened: 129 (8.63%)



- Total Approved: 1330 (89.02% of total screened from February 1, 2002 to December 31, 2006)
  - Number withdrawn: 63 (4.22% of total screened)
  - Number deferred: 19 (1.27% of total screened)
  - Number denied: 82 (5.39% of total screened)
    - Due to criminal history: 49
    - Due to inappropriate sentence: 9
    - Medically inappropriate: 9
    - Denied by DOC: 13
    - Denied by Parole Board: 2

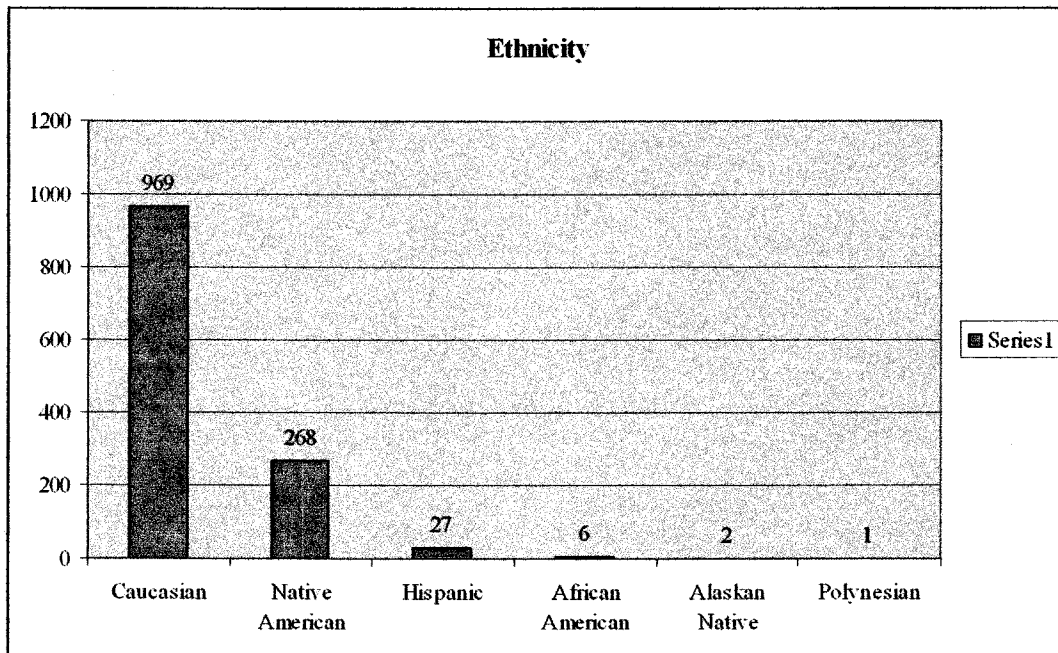


## **TOTAL # OF ADMISSIONS TO THE PROGRAM: 1287**

Of these 1,287 there have been:

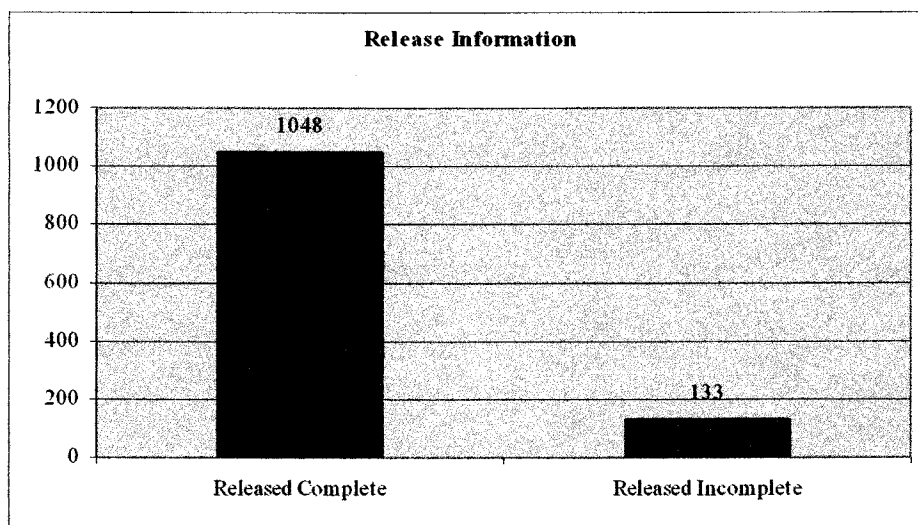
- **1165 Males (90.52%)**
- **122 Females (9.48%)**

### **Ethnicity**



- **969 Caucasian (75.29%)**
- **268 Native Americans (20.82%)**
- **27 Hispanic (2.10%)**
- **6 African American (.47%)**
- **2 Alaskan Native (.16%)**
- **1 Polynesian (.08%)**

## **RELEASE INFORMATION**



### **TOTAL NUMBER OF RELEASES: 1181**

Of these 1181 releases:

- **1048 (88%)** of total released were treatment complete.
- **133 (12%)** of total released were for the following reasons:
  - 44** were transferred to the WATCH East Facility.
  - 30** Voluntarily resigned.
  - 52** Discipline/Sanctions/Sentencing/Other
  - 6** Medical reasons
  - 1** due to death

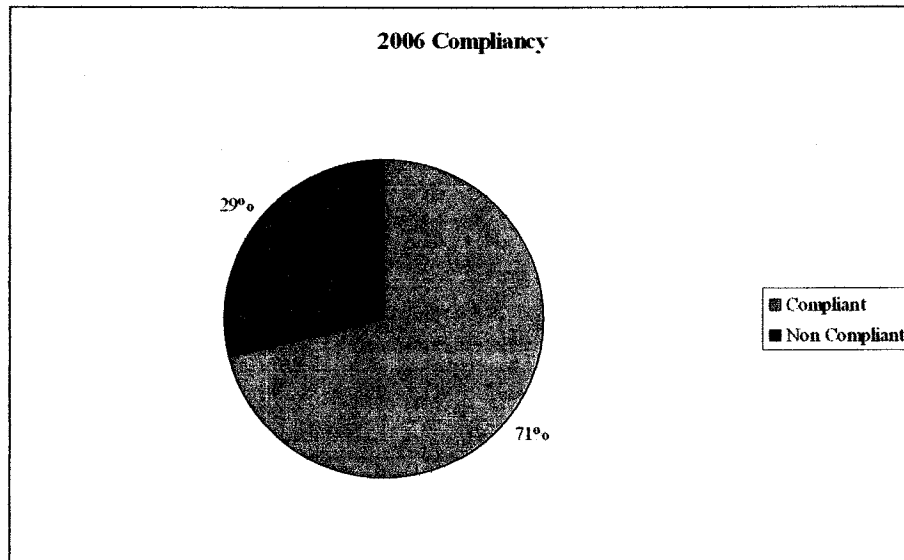
## **OTHER INFORMATION**

For year 2006:

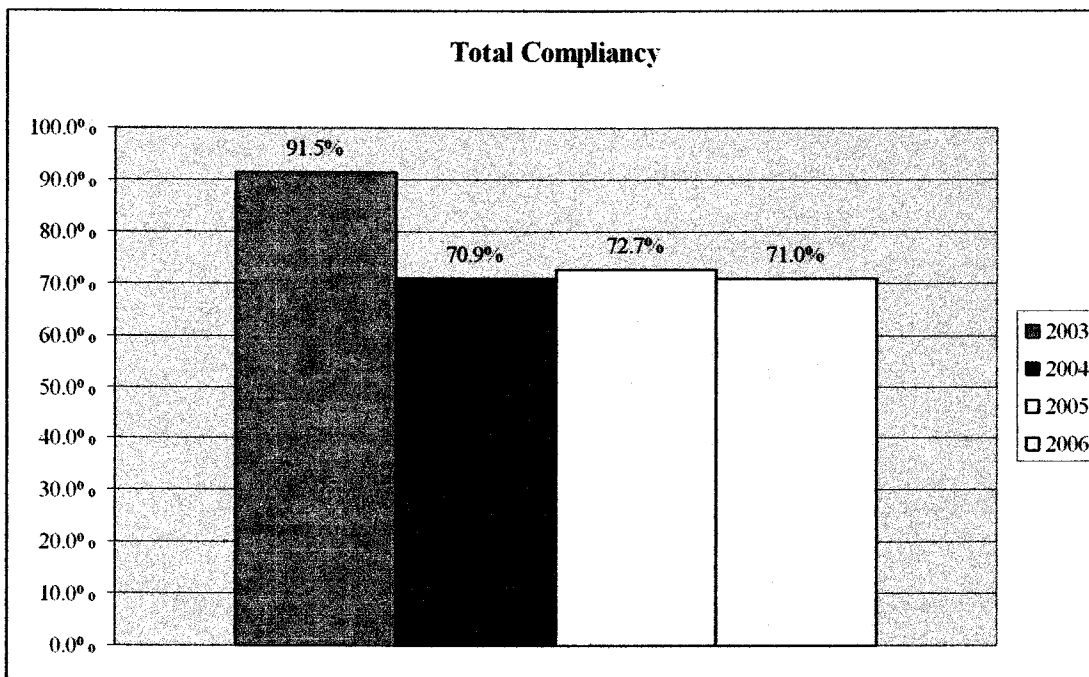
- Number of Escapes: **0**
- Number of Positive Urinalysis: **0**
- Number of Positive Breath Analysis: **0**
- Number of Class I write-ups: **0**
- Number of Class II write-ups: **64**
- Number of Class III write-ups: **49**

(NOTE: positive UA's and BA's does not include intake UA's or BA's)

## TOTAL PROBATION AND PAROLE/ AFTERCARE COMPLIANCE RATE FOR 2006 – 71%



## Overall Program Compliance



### Total Compliance Rates

- 2003 – 91.5%
- 2004 – 70.9%
- 2005 – 72.7%
- 2006 – 71.0%